PLEASE ADVISE CLERK IF YOU HAVE CHANGED YOUR NAME PREVIOUSLY

INSTRUCTIONS FOR CHANGE OF NAME (ADULTS ONLY)

Complete forms (Information Form and Petition) in <u>BLACK INK ONLY.</u> Do not mark thru or use liquid paper on the forms.

Each area marked <u>PETITIONER</u> refers to your <u>PRESENT LEGAL NAME</u>.

Be sure to sign your <u>PRESENT LEGAL NAME</u> as <u>PETITIONER</u> and have the <u>same</u> signature notarized. <u>USE FULL NAMES</u>. <u>NO INITIALS</u>.

Bring proof of residence, proof of your current name, copy of drivers license, (picture I.D. is required), a copy of birth certificate and show why you are requesting your name change.

Bring the completed, signed, notarized forms into this office along with \$37.00 CASH, CHECK or CREDIT/DEBIT for the filing fee. A processing fee of 3% is applied to CREDIT/DEBIT transactions. If you wish to mail the forms please remit a check in the amount of \$37.00 made payable to the <u>Judge of Probate</u>.

Be sure to give your PHYSICAL ADDRESS. No Post Office Boxes.

HAVE YOUR PAPERS NOTARIZED BEFORE RETURNING THEM TO THIS OFFICE. WE <u>DO NOT</u> PROVIDE NOTARY SERVICES IN THIS OFFICE.

Madison County Probate Judge's Office 100 North Side Square Huntsville, AL 35801

PROBATE COURT	
CASE NO	

PETITION FOR CHANGE OF NAME

TO THE HONORABLE TOMMY RAGLAND, JUDGE OF PROBATE:

, whose date of birth is
Non-Driver's License ID number is
y shows to the Court that he/she is over the age of nineteen
ate of Alabama;
he Statutes of Alabama, the petitioner files this declaration in
anged as follows: (Choose one)
то
, due to the following reason:
ТО
, due to the following reason:
, due to the following reason:
, due to the following reason:
In filed along with this petition; Iffender, as provided by Act 98-489; It ing in any court in any jurisdiction; It or judgment of debt; Inter whatsoever; Inter in involving moral turpitude; In and for said County in said State, hereby certify that said int, and who is known to me, acknowledged before me on this hat he/she executed the same voluntarily on the day the same
·
PETITIONER ADDRESS:
Home Phone No. (256)
Work Phone No. (256)

I		authorize the Madison
County Sher	riff's Department to release my crimir	nal background information to
Madison Co	unty Probate Court.	
Print Name		PROBATE
A	was that as the second foreign as seed W	
Any other nan	nes that you have used (maiden, married)	
Name after le	gal name change (in full)	
Date of Birth		
Social Security	y Number	
Applicant Sign	nature	Date
	DO NOT WRITE BELOW TH	HIS LINE
History of Crin	ninal Activities:	
Date	Offense	
	S.ne.ise	
Agency		
Signature/Title	e	Date